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Facsimile Transmittal

DATE: January 17, 2006

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 09/867,363

FAX : 571-273-8300

FROM: George C. Pappas

Number of Pages Sent: 21 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT IN 19
PAGES; TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number
(571) 273-8300. Attention Office of Amendments, on:

1/17/06
(Date of Deposit)

Daria D. Kamedo

(Name of the Person Making the Deposit)

(Signature)

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Jan-17-2006 03:17pm From-8588456880

JAN 17 2006

T-114 P.002/021 F-913
U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

**Customer No.: 23696
Attorney Docket No.: 010094
In Re Application of: James A. Hutchison, IV
Serial Number: 09/867,363
Filed: May 29, 2001
Examiner: Aravind Moorthy
Group Art Unit: 2131**

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	72	72		x \$50 =	\$0
Independent**	6	6		x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$120	\$
				\$450	\$
				\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$0

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheer is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 1/17/06

Signature: _____

George C. Pappas, Reg. No. 35,065
858-651-1306

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
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Depositor's Name: Daria Kasmedo
(type or print name)

Signature: _____

(TRANSAMD.VER1.13-04/30/04)

Appl. No. 09/867,363
Amdt. dated 1/17/06
Reply to Office Action of 10/17/05

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T-114 P.003/021 F-913

JAN 17 2006

PATENT
Docket: 010094

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Krishnan, et al.

Serial No. 09/867,363

Filed: 5/29/01

**For: POWER MANAGEMENT FOR
SUBSCRIBER IDENTITY
MODULE**

) **Group No. 2131**

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 17, 2005, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Darla Kasmedo

Signature: